

Missouri Department of Health and Senior Services  
WIC and Nutrition Services  
**NUTRITION RECORD REVIEW WORKSHEET FOR INFANTS**  
Reporting Fiscal Year: 2010

LOCAL WIC PROVIDER NAME:  
MONITOR DATES:  
WIC STAFF:  
**Scope of Work reference sections 2.0, 5.0, and 7.0**

DESCRIPTION	Indicate Repeat Finding with X	ER#	HR Infant	Infant (Optional)	Special Formula	Special Formula	Optional
<b>I. CERTIFICATION</b>							
<b>A. Participant Record</b>							
1. State ID		3.02600					
2. Date of birth		3.01700					
3. Certification Date		--					
4. Risk factors		2.02800					
a. CPA-assigned risk factors are appropriate.		2.02800					
b. Supporting documentation is on file.		2.02800					
<b>B. VENA</b>							
1. VENA form scanned to participant record.		2.02850					
2. VENA reviewed by CPA within 60 days, or 30 days for high risk.		2.01650, HNAH					
<b>C. High Risk Care Plan</b>							
1. Care plan completed - all areas of SOAP note completed		2.02900					
2. At least one high risk nutrition education contact provided by nutritionist each certification period.		2.06100, 2.02900, SOW 9.2.2.1, 5.1.1					
<b>D. Medical Documentation</b>							
1. State form used and completed appropriately.		2.07000, 2.07600					
a. State form scanned.		2.07000, 2.07600, 2.02850					
2. Health Care Provider request signed/dated.		2.07000, 2.07600					
3. Appropriate approval documented.		2.07000, 2.07600					
4. Foods issued are what is prescribed on form.		2.07000, 2.07600					

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5. Issuance of formula is within approval time frame.		2.07000, 2.07600					
<b>E. Food Package</b>							
1. Food Package is appropriate.		2.07000, 2.07600, 2.07800, 2.07900, 2.06950, 2.08100					
<b>F. Infant Health Check Completed</b>							
1. Length, weight		2.02800					
2. Nutrition and Breastfeeding Assessment		2.02800					
3. Blood work completed 9-11 mos.		2.02800					
4. Health check done at appropriate time.		2.02800					
<b>II. NUTRITION EDUCATION</b>							
<b>A. Nutrition Education Documentation</b>							
1. Nutrition education appropriate to risk		2.06100					
2. Appropriate nutrition/health goal written		HNAH					
3. Missed/refused nutrition education documented for prior certification period		2.06100					
4. Two nutrition education contacts for prior certification period		2.06100					
5. Referrals recorded correctly		1.01800					
<b>III. CYCLE</b>							
<b>A. Monthly, Bi-Monthly, or Tri-Monthly</b>							
1. Cycle is appropriate for risk factors.		3.08100					
2. Appropriate staff assigned cycle.		3.08100					